DEPARTMENT OF WILDLIFE RESOURCES - CLIENT SERVICES
P.O. BOX 9930, HENRICO, VA 23228-9930
TELEPHONE: (866) 721-6911 WEBSITE: WWW.DWR.VIRGINIA.GOV

NOTIFICATION OF CHANGE IN STATUS OF A NUMBERED VESSEL

BOAT OWNER: Use this form to report change in boat ownership, change in address, change in military status or other changes in status. Any change in status must be reported within 15 days.

The new owner of a watercraft may operate vessel for 30 days from the date of purchase with a dated bill of sale and the valid Certificate of Number (Registration) of the former owner. The new owner must apply for transfer of ownership on forms provided by the Department of Wildlife Resources.

BOAT DESCRIPTION:

Registration/Title Number: _____ Hull Identification Number: _____

Make: _____ Length: _____ Model Year: _____

CHANGE IN BOAT OWNERSHIP

I/we sold/transferred this boat on _____ to:
Date Sold

New Owner(s) Name: _____

Address: _____

_____

_____

Signature of Registered Owner(s): [Registered Owner(s) are the Seller(s)] **X** _____ **DOB:** _____ **SSN4:** _____ **DRL4:** _____

X _____ **DOB:** _____ **SSN4:** _____ **DRL4:** _____

CHANGE OF ADDRESS:

New Address: _____

_____

CHANGE IN COUNTY/CITY GARAGED/DOCKED/PARKED: *Code of Virginia Requires This Information Be Provided to the Commissioner of Revenue:*

Date moved to this locality: _____

County or City in Virginia where the boat is normally garaged, docked or parked: _____

Signature of Registered Owner(s): **X** _____ **DOB:** _____ **SSN4:** _____ **DRL4:** _____

X _____ **DOB:** _____ **SSN4:** _____ **DRL4:** _____

CHANGE IN MILITARY STATUS: As of (date) _____, I am no longer Active Military.

Signature of Registered Owner/(s)s: **X** _____ **DOB:** _____ **SSN4:** _____ **DRL4:** _____

X _____ **DOB:** _____ **SSN4:** _____ **DRL4:** _____

OTHER CHANGES IN STATUS:

☐ Boat will be registered in the State of: _____

☐ Boat Abandoned as of (list date) _____ Where Abandoned: _____

☐ Boat Destroyed as of (list date) _____ How Destroyed: _____

☐ Boat Stolen – Law Enforcement Agency Contacted (if any): _____

_____

☐ Other (Explain): _____

Signature of Registered Owner(s): **X** _____ **DOB:** _____ **SSN4:** _____ **DRL4:** _____

X _____ **DOB:** _____ **SSN4:** _____ **DRL4:** _____

Submit